



TRANSMITTAL FORM

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number 09/964,079 Filing Date September 26, 2001 First Named Inventor ROBERT S. KIEVAL Art Unit 3762 Examiner Name OROPEZA, FRANCES P |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number 021433-000110US |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
| <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> Remarks </div> <div style="flex: 2;"> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. </div> </div> | | |

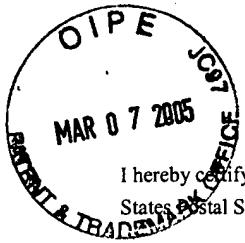
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------------------|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature | | | |
| Printed name | James M. Heslin | | |
| Date | March 2, 2005 | Reg. No. | 29,541 |

CERTIFICATE OF TRANSMISSION/MAILING

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| Typed or printed name | JoAnn Evangelista | | Date |
| | | | March 2, 2005 |



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On March 2, 2005

TOWNSEND and TOWNSEND and CREW LLP

By:

JoAnn Evangelista

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

ROBERT S. KIEVAL et al.

Application No.: 09/964,079

Filed: September 26, 2001

For: STIMULUS REGIMENS FOR
CARDIOVASCULAR REFLEX
CONTROL

Customer No.: 20350

Confirmation No. 2039

Examiner: OROPEZA, FRANCES P

Technology Center/Art Unit: 3762

SUPPLEMENTAL AMENDMENT

Mail Stop: AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In further response to the Office Action mailed September 28, 2004, please enter the following amendments and remarks:

Amendments to the Specification begin on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.